

SHERIFF-CORONER

COUNTY OF RIVERSIDE

STANLEY SNIFF, Sheriff-Coroner

JENNIFER PARK, D.O. Chief Forensic Pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: MARTINEZ, VICENTE

FILE NUMBER: 2014-10781

CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS

"I hereby certify that I, Jennifer Park, D.O., Chief Forensic Pathologist, have performed an autopsy on the body of Vincente Martinez, on November 19, 2014, commencing at 9:07 a.m., at the Office of the Riverside County Sheriff-Coroner."

EXTERNAL EXAMINATION:

The body is a well-developed, well-nourished, approximately 5 foot 10 inch and 193 pound male who appears the reported age of 34 years. The decedent is received in a sealed body bag with a red seal number 0747276 that is broken at 9:07 a.m. The hands are bagged and sealed. The body is identified with a Coroner's tag bound to the right great toe labeled "Martinez, Vicente 2014-10781."

The body is well preserved and refrigerated. Marked rigor mortis is detected in the extremities. Purple livor mortis is on the back.

The scalp is shaved. Dark brown facial hair consists of trimmed mustache and goatee. The eyes have brown irides. The sclerae are nonicteric. The bulbar and palpebral conjunctivae have no petechiae. Dried blood is on the head, neck and arms. The nasal septum is intact. The oral mucosa and frenula are intact. The teeth appear natural and are in good to fair condition.

The neck is well formed and straight. The chest is symmetrical, and the abdomen is flat. A 3 inch oblique linear scar is on the right lower abdomen. The external genitalia are those of a normal adult male. The penis appears circumcised. The testes are palpable in the scrotal sac. The back is straight and symmetric. The external anus is normal.

The arms and legs are symmetric and normally developed. The fingernails are short and have dirt material beneath them. The toenails are short. A 1/2 inch irregular scar is on the left knee.

There are multiple tattoos on the body. A tattoo of "L" is on the right anterior shoulder. A tattoo of "S" is on the left anterior shoulder. A tattoo of the Riverside raincross is on the mid chest. A tattoo of a bullet is on the right lateral lower chest. A tattoo of a woman holding a gun is on the right anterior hip. A tattoo of "La Sierra" is on the upper mid back. A tattoo of "Lititia" is on the right upper back. A tattoo of "Brown Knights" is on the mid back. A tattoo of a design of "LS" is on the left upper arm. A tattoo of an elaborate design including a skull is on the right upper arm. A tattoo of "I" is on the anterior right lower leg. A tattoo of "E" is on the anterior left lower leg. A tattoo of a woman with wings riding an alien-like character is on the posterior left lower leg.

EVIDENCE OF MEDICAL INTERVENTION:

Two defibrillator pads are on the chest. Electrocardiographic leads are on the left upper chest and anterior right lower leg. A single lumen catheter enters the left antecubital fossa and is attached to a 600 milliliter full bag labeled "0.9% sodium chloride 1000 milliliters."

EVIDENCE OF INJURY:

Abrasions, ranging from 1/8 inch to 1/2 inch, are on the nose and forehead. A 3/4 inch abrasion is on the right upper abdomen. Horizontal linear abrasions up to 3-1/2 inches are on the right hip. A 2 inch linear abrasion is on the right deltoid. A 3 x 2 inch area of linear abrasions is on the right elbow. Abrasions, ranging from 1/8 inch to 2 inches, are on the dorsal right wrist and hand. A 1/2 inch abrasion is above the left elbow. Linear abrasions, up to 2 inches, are on the ventral left forearm. Abrasions, up to 1/4 inch, are on the knees.

GUNSHOT WOUND "A":

An entrance-type gunshot wound is on the left medial hip, 10-1/4 inches to the left of the midline and 28-1/4 inches below the vertex of the head. It is an 8 x 7 millimeter irregular ovoid defect with an up to 5 millimeter surrounding margin of red ecchymosis and circumferential margin of abrasion. No soot, stippling, or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the left hip, through the left side of the spleen, through the fundus of the stomach, through the left hemidiaphragm, through the posterior left tenth rib and tenth intercostal space, through the posterior left ninth rib, and a slightly deformed copper jacketed gray metal core projectile is embedded in the eighth thoracic vertebra.

The wound path is associated with soft tissue and muscle ecchymoses, fractures of the left ninth and tenth ribs, fracture to the eighth thoracic vertebra, laceration to the left hemidiaphragm, laceration to the spleen, and lacerations to the stomach.

The direction of the wound path, with the body in anatomic position, is left to right, upward and front to back.

GUNSHOT WOUND "B":

An entrance-type gunshot wound is on the left lateral hip, 11 inches to the left of midline and 28-1/4 inches below the vertex of the head. It is a 1.1 x 0.9 centimeter irregular ovoid defect

with an up to 5 millimeter surrounding margin of red ecchymosis and circumferential margin of abrasion. No soot, stippling or muzzle imprint is associated with the gunshot wound.

The projectile passes through the soft tissues and muscles of the left hip, through the stomach, through the left hemidiaphragm, through the pericardial sac, through the posterior left ventricle and bilateral atria of the heart, through the middle lobe of the right lung, through the right second rib anteriorly, and exits the right upper lateral chest through a 1.4 x 0.8 centimeter irregular defect, 7 inches to the right of the midline, 4 inches below the right shoulder, and 12-1/4 inches below the vertex of the head. No soot or stippling is associated with the exit wound.

The wound path is associated with soft tissue and muscle ecchymoses, laceration to the left hemidiaphragm, lacerations to the stomach, laceration to the right lung, fracture of the right second rib, lacerations to the heart and pericardial sac, laceration to the aortic valve, 750 milliliters of blood in the right chest cavity, and approximately 100 milliliters of clotted blood in the pericardial sac.

The direction of the wound path, with the body in anatomic position, is left to right, upward and slight back to front.

GUNSHOT WOUND DESIGNATED "C":

An entrance-type gunshot wound is on the left medial back, 9-1/2 inches to the left of midline and 16 inches below the vertex of the head. It is a 1.3 x 1 centimeter irregular ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the back, through the spinous process of T1, and a deformed copper jacketed gray metal core is recovered from the soft tissues and muscles of the right lower neck.

The wound path is associated with soft tissue and muscle ecchymoses and fracture to T1.

The direction of the wound path, with the body in anatomic position, is left to right, upward and back to front.

GUNSHOT WOUND DESIGNATED "D":

An entrance-type gunshot wound is on the left lateral back, 17 inches below the vertex of the head and 5 inches to the left of midline. It is a 1.7×1 centimeter irregular ovoid defect. No soot, stippling or muzzle imprint is associated with the gunshot wound.

The projectile passes through the soft tissues and muscles of the left back, through the left scapula, through the left first through third ribs posteriorly, through the upper lobe of the left

lung, and a deformed copper jacketed gray metal core is embedded in the left lateral aspect of the seventh cervical vertebra.

The wound path is associated with soft tissue and muscle ecchymoses, fracture of the left scapula, fractures of the left first through third ribs, 300 milliliters of blood in the left chest cavity, and fracture of the seventh cervical vertebra.

The direction of the wound path, with the body in anatomic position, is left to right, upward and back to front.

GUNSHOT WOUND DESIGNATED "E":

An entrance-type gunshot wound is on the posterior right upper arm, 10 inches below the top of the right shoulder. It is a 1.1×0.7 centimeter irregular ovoid defect. No soot, stippling or muzzle imprint is associated with the gunshot wound.

The projectile passes through the soft tissues and muscles of the right upper arm, through the distal aspect of the right humerus, through the proximal right radius and ulna, and embeds in the soft tissues and muscles of the mid right forearm. The projectile consists of a copper jacketed gray metal core.

The wound path is associated with soft tissue and muscle ecchymoses, and fractures to the right humerus, right radius, and ulna bones.

The direction of the wound path, with the body in anatomic position, is downward and back to front.

INTERNAL EXAMINATION:

Injury to the anterior chest wall is as previously described. Bilateral hemothoraces and hemopericardium are as previously described. The musculoskeletal system is well developed. The muscles have a normal color and consistency.

The anterior neck strap muscles and soft tissues have no injury. The hyoid bone and thyroid cartilage are intact. The thyroid gland is of average size and shape and has a tan, lobulated parenchyma. The larynx and trachea are lined by intact and congested mucosa. The tongue has no injury.

The reflected scalp has no injury. The calvarium and skull base are intact. The dura mater and falx cerebri are intact. The epidural and subdural spaces are free of extravasated blood. The leptomeninges are thin, congested, and transparent. The subarachnoid space is free of extravasated blood and exudate. The brain is 1420 grams. The cerebral and cerebellar hemispheres are symmetric. The cerebral gyri and sulci are normal. The cingulate gyri, unci, and cerebellar tonsils are not herniated. The cerebral cortex has no contusion. The mammillary bodies and the cranial nerve roots are well formed and symmetric. The blood vessels are normally formed and patent.

The gray-white matter demarcations are distinct. The gray matter is tan and uniform. The subjacent white matter has no cystic, hemorrhagic, or mass lesions. The central nuclei are well formed and symmetric. The hippocampi are normally formed. The ventricles are normal in size. The cerebrospinal fluid is clear and colorless. The corpus callosum is well formed and intact. The cerebellum, midbrain, pons, and medulla oblongata have no gross parenchymal abnormalities. The substantia nigra is gray-tan.

The heart is 320 grams. Injury to the pericardial sac and heart is as previously described. The coronary arteries are distributed normally and have slight to moderate atherosclerosis. The left anterior descending artery is up to 40% narrowed intraluminally by atherosclerosis. The right coronary artery forms the posterior descending artery. The left free ventricular wall, the interventricular septum, and the right ventricular wall are 1.4, 1.3 and 0.2 centimeter, respectively. The atria are not dilated, and the atrial septum is intact. The heart chambers are unremarkable. The endocardial surfaces are smooth. The tricuspid, mitral, and pulmonic valve circumferences are 11.1, 7.1 and 10.3 centimeters, respectively. The aortic valve has injury as previously described. The rest of the valves are normally formed and have no fusion, vegetations, or fenestrations. The chordae tendineae are intact and not thickened. The aorta has no injury and is normal in course, caliber, and branch pattern. The endothelial surfaces are yellow and have slight atherosclerosis. The pulmonary vasculature is well formed and patent.

The right and left lungs are 240 and 280 grams, respectively. The pleural surfaces are pink-red anteriorly, red-purple posteriorly, and have slight anthracotic mottling. Injury to the right and left lungs is as previously described. The parenchyma is red to dark red-purple, slight congested, and has no focal lesions except for injuries as previously described. The pulmonary vessels and bronchi are normally formed and patent. The hilar lymph nodes are normal.

The liver is 1550 grams. Its capsule is smooth and intact. The parenchyma is brown, has a normal consistency, and has no focal lesions. The vessels of the porta hepatis are normal. The gallbladder contains tan viscous bile and no calculi. The biliary tree is patent. Injury to the diaphragm is as previously described.

The esophagus is lined by intact, tan mucosa. The stomach contains approximately 40 milliliters of tan fluid. The gastric mucosa is tan and has slightly decreased rugal folds. Injury to the stomach is as previously described. The duodenum has an intact mucosa. The rest of the small bowel and colon have no obstruction, perforation, or masses. The rectum is normal and

contains soft, tan stool. The vermiform appendix is surgically absent. Slight fibrous adhesions are in the right lower abdomen.

The spleen is 100 grams. Injury to the spleen is as previously described. It has a finely wrinkled, purple-gray capsule. The parenchyma is dark red-purple and congested.

The pancreas is normal in size and has a tan, lobulated parenchyma. The adrenal glands are normal in size and have bright yellow cortices and soft, brown medullae.

The right and left kidneys are 130 grams each. The cortical surfaces are smooth. The cortices are up to 6 millimeters. The renal vessels are patent. The parenchyma is pale-tan and has well-defined corticomedullary junctions. The calyces and ureters are not dilated and drain normally. The urinary bladder contains 10 millimeters of yellow urine and has an intact mucosa. The testes have no ecchymoses or masses. The prostate gland is pale tan and not enlarged. The seminal vesicles are normal.

FINAL AUTOPSY DIAGNOSES:

- I. Multiple gunshot wounds:
 - A. Gunshot wound to left lateral hip:
 - 1) Soft tissue and muscle ecchymoses.
 - 2) Lacerations to left hemidiaphragm.
 - 3) Lacerations to stomach.
 - 4) Laceration to heart and pericardial sac.
 - 5) Lacerations to middle lobe of right lung.
 - 6) Fracture to right second rib.
 - 7) Exit wound on right anterior lateral chest.
 - B. Gunshot wound to left medial hip:
 - 1) Soft tissue and muscle ecchymoses.
 - 2) Left ninth and tenth rib fractures.
 - 3) Lacerations to spleen.
 - 4) Lacerations to diaphragm.
 - 5) Lacerations to stomach.
 - 6) Right hemothorax and hemopericardium.
 - 7) Fracture to T8 and projectile recovered from T8.
 - C. Gunshot wound to medial left upper back:
 - 1) Soft tissue and muscle ecchymoses.
 - 2) Fracture to spinous process of T1.
 - 3) Projectile recovered from soft tissues and muscles of right lower neck.
 - D. Gunshot wound to lateral left back:
 - 1) Soft tissue and muscle ecchymoses.

- 2) Fracture to left scapula.
- 3) Fractures of left first through third ribs posteriorly.
- 4) Left hemothorax.
- 5) Projectile recovered from lateral left C7
- E. Gunshot wound to right upper arm:
 - 1) Soft tissue and muscle ecchymoses.
 - 2) Fractures to right humerus, ulna and radius.
 - 3) Projectile and fragments recovered from soft tissues and muscles of right forearm and elbow.
- II. Pale kidneys.
- III. Slight to moderate coronary artery atherosclerosis.

SPECIMENS FOR PATHOLOGY:

Representative sections of all major organs are retained.

SPECIMENS FOR TOXICOLOGY:

Peripheral blood, vitreous, gastric, liver, brain, bile, and urine.

PHOTOGRAPHY:

Photographs are obtained by Forensic Technician Barbara Pecchia.

RADIOLOGY:

Full body X-rays are taken.

ATTENDEES:

L. Velin – Riverside Police Department
Adrian Tillett – Riverside Police Department
Greg Rowe – Riverside Police Department
Augustine Caballero – Riverside District Attorney's Office
Chris Cook – Riverside District Attorney's Office

CLOTHING:

Light blue-gray boxer shorts, black T-shirt (previously cut), khaki pants (previously cut) with black belt, (pockets of khaki pants contain a utility knife, a cigarette lighter and a clear baggie with white powdery substance), construction boots (off-body), a pair of white socks inside the construction boots, a black watch around the left wrist, a handcuff around the left wrist, and a white ribbed sleeveless undershirt.

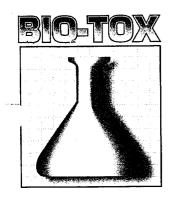
EVIDENCE COLLECTED:

Fingernail clippings, purple top tube of blood, and four projectiles.

Jennifer H. Park, D.O. Chief Forensic Pathologist Date

JHP/cg

JHP March 23, 2015





Laboratory Director Dale R. Somers, C.L.S. Assistant Laboratory Director Erin Crabtrey, M.S.

Toxicologist Ola Bawardi, M.S.

RIVERSIDE CORONER 800 S. REDLANDS PERRIS, CA 92570

2014-10781 MARTINEZ, VICENTE R.

PATIENT NAME		SEX	DATE OF DEATH
MARTINEZ, VICENTE R.		M	11/18/14
BTL NUMBER REQUESTING	AGENCY	QUESTED BY	AGENCY NUMBER
4-35999-9 7400	BUR	ns	2014-10781
SPECIMEN DATE COLLE	CTED TIME TAKEN	DATE RECEIVED	DATE REPORTED
FEM BLD 11/18/14	19:56	11/25/14	12/04/14

COMPREHENSIVE DRUG PANEL:

METHODOLOGIES TO INCLUDE IMMUNOASSAY, GAS AND/OR LIQUID CHROMATOGRAPHY/MASS SPECTROMETRY. SAMPLE SCREENED FOR MINIMUM 150 COMMON ACIDIC, BASIC OR NEUTRAL DRUGS.

RESULTS

ETHYL BLOOD ALCOHOL

0.00% (W/V)

AMPHETAMINES

DETECTED

METHAMPHETAMINE, LC/MS/MS

0.874 mg/L

AMPHETAMINE, LC/MS/MS

0.113 mg/L

ANALYSIS BY: ERIN CRABTREY

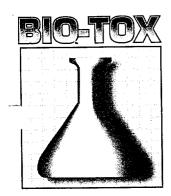
JORDAN CASPER & KRISTEN

STEWARD

NOTE: NAME ON SAMPLE IS

MARTINEZ, VICEN Law Enforcement Use Only Not for Public Release

Do Not Release





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Toxicologist Ola Bawardi, M.S.

RIVERSIDE CORONER 800 S. REDLANDS PERRIS, CA 92570

2014-10781 MARTINEZ, VICENTE R.

PAT	TIENT NAME			SEX	DATE OF DEATH
MARTINEZ, V	VICENTE R.			M	11/18/14
BTL NUMBER	REQUESTING	AGENCY	REQUEST	ED BY	AGENCY NUMBER
4-35999-0	7400		BURNS		2014-10781
	DATE COLLE	rCTED TIME	TAKEN DATE	RECEIVED	DATE REPORTED
SPECIMEN	DATE COLLE				
FEM BLD	11/18/14	. 19	:56 11	/25/14	12/04/14

RESULTS

CANNABINOIDS

DETECTED

0.0030 mg/L

11-HYDROXY-DELTA-9-THC,

NONE DETECTED

LC/MS/MS

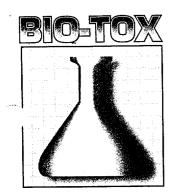
0.007 mg/L

1 LCARBOXY-DELTA-9-THC, LC/MS/MS

ANALYSIS BY: JORDAN CASPER

AND OLA BAWARDI

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Laboratory Director Dale R. Somers, C.L.S. Assistant Laboratory Director Erin Crabtrey, M.S.

Toxicologist Ola Bawardi, M.S.

RIVERSIDE CORONER 800 S. REDLANDS PERRIS, CA 92570

VICENTE R. MARTINEZ,

PA	ATIENT NAME			SEX	DATE OF DEATH
MARTINEZ,	VICENTE R.	Q		M	11/18/14
BTL NUMBER	REQUESTING	AGENCY	REQUEST	ED BY	AGENCY NUMBER
4-36000-0	7400		BURNS		2014-10781
SPECIMEN	DATE COLLE	CTED TIME 1	TAKEN DATE	RECEIVED	DATE REPORTED
URINE	11/19/14		11	/25/14	12/11/14

COMPREHENSIVE DRUG PANEL: METHODOLOGIES TO INCLUDE IMMUNOASSAY, GAS AND/OR LIQUID CHROMATOGRAPHY/MASS SAMPLE SCREENED FOR MINIMUM 150 COMMON ACIDIC, BASIC OR SPECTROMETRY. NEUTRAL DRUGS.

RESULTS

ALCOHOL. ETHYL URINE 0.00% (W/V)

AMPHETAMINES

DETECTED

METHAMPHETAMINE, LC/MS/MS

greater than 50.000 mg/L

AMPHETAMINE, LC/MS/MS

11.400 mg/L

PSEUDOEPHEDRINE / EPHEDRINE

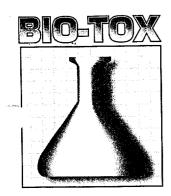
DETECTED

ANALYSIS BY: ERIN CRABTREY,

JORDAN CASPER & KRISTEN

STEWARD

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Laboratory Director Dale R. Somers, C.L.S.

Assistant Laboratory Director Erin Crabtrey, M.S. Toxicologist Ola Bawardi, M.S.

RIVERSIDE CORONER 800 S. REDLANDS PERRIS, CA 92570 2014-10781 MARTINEZ, VICENTE R.

PATIENT NAME		SEX	DATE OF DEATH
MARTINEZ, VICENTE R.		M	11/18/14
BTL NUMBER REQUESTING	AGENCY	EQUESTED BY	AGENCY NUMBER
4-36000-1 7400	BU	rns	2014-10781
SPECIMEN BATE COLLE	CTED TIME TAKEN	DATE RECEIVED	DATE REPORTED
URINE 11/19/14		11/25/14	12/11/14

TEST

RESULTS

CANNABINOIDS

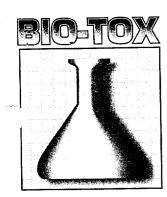
DETECTED

11-CARBOXY-DELTA-9-THC, LC/MS/MS 0.081 mg/L

ANALYSIS BY: JORDAN CASPER

AND OLA BAWARDI

SUCCLIC ADMINISTRATE.





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Toxicologist Ola Bawardi, M.S.

RIVERSIDE CORONER 800 S. REDLANDS PERRIS, CA 92570

2014-10781 MARTINEZ, VICENTE R.

PATIENT NAME		SEX	DATE OF DEATH
MARTINEZ, VICENTE R.		M	11/18/14
BTL NUMBER REQUESTING	G AGENCY R	EQUESTED BY	AGENCY NUMBER
7400		- <i>_</i>	2014-10781
4-36001-2 7400		DATE RECEIVED	DATE REPORTED
SPECIMEN DATE COLL	ECTED TIME TAKEN	DATE RECEIVED	DATE REFORES
VITREOUS 11/19/1	4	11/25/14	12/04/14

EXPANDED IMMUNOASSAY DRUG SCREEN

VITREOUS SCREENED FOR:

AMPHETAMINES (METHAMPHETAMINE, AMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS, COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE), PHENCYCLIDINE(PCP), BARBITURATES AND ALCOHOL.

RESULTS

0.00% (W/V) ALCOHOL, ETHYL VITREOUS

DETECTED AMPHETAMINES

2.630 mg/L METHAMPHETAMINE, LC/MS/MS

0.287 mg/L AMPHETAMINE, LC/MS/MS

ANALYSIS BY: ERIN CRABTREY,

JORDAN CASPER & KRISTEN STEWARD

Coroner Investigation



MODE Homicide

CASE# 201410781

STATUS Coroner Review

DEPUTY Donna Burns

**									***************************************
CASE INFO							h	t. a.	
REPORTED BY		AGENC	Y			DATE	TIME		
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	NAME RELEASABLE		? # OF PHOTOS	MEDIUM	SPECIAL CIRCUN	Maria Sal			
****	****	Yes	****	****	Coroner Review	<u> </u>			<u> </u>
DECEDEN1	INFO								
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20 ADDRESS				. 6	21 CITY		. Q	25 STATE	23 ZIP
****						Riverside		CA	92505
6 SEX	14 RACE	4 DOB	5 AGE		RELATED CASE NU	JMBERS (e e e e e e e e e e e e e e e e e e e		
Male #		03-26-		yrs SS#	N/A HEIGHT	WEIGHT	177	AIR	EYES
BODY BAG # 0747276	•	TOE TAG	0822 **		neigh i	193.0		AIR	EYES
DRIVER'S LIC. #		STATE		Photo and C	al- ID (Fingerprint		IDS I		
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NAME.	AL GI NEN	RELATION	ISHIP MOTH	ER'S DOB/AG	DATE/TIME NOT	TIFIE NOTIFIE	D BY		
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MEDICAL	HISTORY								
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Coroner Investigation



MODE Homicide

CASE # 201410781

STATUS Coroner Review

DEPUTY Donna Burns

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MEDICAL							ha		
TRANSPORTED FROM	ADMITTED TO?	DATE	TIME	M/R ORDERED No	MED R	EC#	BLOOD OF Not Avail:		
CAUSE OF DEATH		-							
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DUE TO							All the "Throught"		RFORMED?
(B)							<u> </u>	YES	NO
(C)							AUTOPS A1425-1		EXAM#
(D)		f.	69				INDIGE	VT#	
112 OTHER SIGNIFICANT CONDITION None		4							
113 WAS OPERATION PERFORMED YES X NO DESCRIBE	FOR ANY CONDITION	ON IN ITEM	107 OR 112	? IF "YES" LIST TYP	PE OF OPE	RATION & DATE.			
ATTENDING PHYSICIAN	PHONE		DATE L	AST ATTENDED		AUSE GIVEN BY ennifer H Park			
115 PHYSICIAN TO SIGN D.C. Riverside County Coroner	ADDRES	S	PHONE	0		DATE 11-19-14	TIME	0910	
YJURY (V.								
	CE OF INJURY	4			120 AT W			122 HOUF	?
Homicide Backyar 125 LOCATION (include Zip Code) 10479 Keller Avenue Riverside, S	d of a Residence			<u> </u>	_ No	11/18/20	14	1431	
124 DESCRIBE HOW INJURY OCCU	*G00425								
Shot during confrontation with la	w enforcement.								
PROPERTY									
PROPERTY? PROPRLS'D?									
LAW ENFORCEMENT									
AGENCY Riverside Police Department		AGEN7 Detect	ive Jim Br	andt			REPORT N P1417558		
AUTOPSY									
	ORDERED TOX RE	CEIVED AG	ENT(S)	***				·	
			ATTEND	***					
DISPO OF REMAINS									
PRESENT LOCATION ****	MORGUE STATU	S		VEHICLE TOWED					
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Coroner Investigation



Homicide MODE

CASE # 201410781

STATUS Coroner Review

DEPUTY Donna Burns

Coroner Investigation

12/02/2014

Report of Death to Coroner:

On 11/18/2014, at 1505 hours, I received a telephone call from Paramedic Matt Stibal, ID #F563, from the Riverside City Fire Department. He was reporting the death of thirty-four year old, Vicente Martinez. He told me there had been an officer involved shooting. When paramedics arrived on scene, Vicente was found in a backyard lying supine. Vicente was pulseless and apneic. Paramedics placed cardiac patches on Vicente, initiated cardiopulmonary resuscitation (CPR), used a bag valve mask and placed him on oxygen. They started an intravenous line and gave him two rounds of Epinephrine. Vicente remained in asystole. Paramedics contacted their base station hospital (Riverside Community Hospital) to consult with the emergency room doctor. Dr. Guldner agreed to cease CPR and pronounced Vicente dead at 1456 hours.

Per the paramedics on scene, Vicente appeared to have been shot several times. Vicente had several apparent gunshot wounds to his upper body. The wounds were found in the right upper chest, the left hip area, upper left scapula area and right upper arm. Vicente was initially handcuffed prior to CPR; officers released the handcuffs in order for paramedics to treat Vicente. Officers on scene stated there was an approximate 10-minute to 15-minute down time prior to paramedics arriving on scene.

☑ received a telephone call from Sergeant (Sgt.) Amador, ID #490, with the Riverside Police Department. He onfirmed the information Paramedic Stibal provided me. The involved officers reported Vicente was shot after he attempted to shoot at them during a confrontation following a foot pursuit.

I told Sgt. Amador, Sergeant (Sgt.) Robert Marks and I would be en route from the Riverside County Sheriff-Coroner's Forensic Center in Perris.

Transportation:

Sat. Marks requested coroner transportation to respond and transport Vicente Martinez to the Riverside County Sheriff-Coroner's Forensic Center in Perris.

Scene Details:

Sgt. Marks and I left the Forensic Center at 1536 hours, and drove to the location of the incident, which was a residence located at 10479 Keller Avenue, in the city of Riverside. We arrived to the location at 1614 hours. Sgt. Marks and I met with Detective Jim Brandt, ID #146, from the Riverside Police Department. Detective Brandt told me on 11/18/2014, at approximately 1230 hours, an unknown citizen informant notified the Riverside Police Department that Vicente Martinez was on drugs and was carrying a gun in his pants pocket. Officers responded to the area and located Vicente driving a gray colored Nissan Frontier pick-up truck northbound on Jones Avenue, in the city of Riverside. Officers got behind Vicente as he pulled into his driveway located at 5433 Bushnell Avenue. Vicente got out of his vehicle and ran through his front yard, jumped over a chain link fence into the backyard of another residence. Officers pursued Vicente on Ifoot into the back yard of the residence located at 10479 Keller Avenue. Vicente and the officers were ı averbal confrontation when Vicente pulled out a gun. Officer Ortiz, from the Riverside Police Department, shot approximately five to eight rounds in a southeast direction, striking Vicente.

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Scene Description:

After obtaining the above information, I conducted a scene examination. The location of the incident was a single story residence. The driveway was located to the west side of the residence and continued into the back yard to a detached two car garage. The back yard had a large concrete patio, a dirt area with multiple fruit trees. Vicente was located on the dirt, east of the detached garage. There were eight expended casings located north of Vicente's feet.

A handgun was located on the driveway, approximately thirty to forty feet west of Vicente. The weapon was a Springfield, XD-40, 40 caliber, semi automatic handgun. There were eleven rounds in the magazine and there was not a round in the chamber. The weapon was collected by the Riverside Police Department.

Deputy Coroner's External Examination of Remains:

I performed an external examination of Vicente Martinez. Vicente appeared to be a Hispanic adult male, bald head with brown eyes.

- a) Body Position: Vicente was in a supine position with his arms out to his side and his legs straight out. His head was oriented to the south and his feet were oriented to the north.
- b) Clothing Description: Vicente was wearing a white shirt, a black and burgundy shirt, tan pants, blue oxers, white socks, and tan boots. The shirt and pants were cut by paramedics.
- c) Post Mortem Changes: Rigor mortis was present, fixed but breakable. Livor mortis was present and consistent with his found position. Vicente's body was cool to the touch.
- d) Ambient temperature and method used: According to my thermometer, the outside ambient temperature was seventy-five degrees.
- e) Identifying marks, scars, tattoos: Vicente had multiple tattoos on his body. Tattoos were on his arms, shoulders, back, and legs.
- f) Trauma: He had an abrasion on the left side of his check, his right wrist, and the back of his right hand. He had a bruise on his right upper leg and a fracture to his right arm. He had apparent gunshot wounds to his right upper chest, right arm and elbow. There were two apparent gunshot wounds to his left hip and two apparent gunshot wounds to his upper left side of his back.
- g) Other Observations: There was blood to his head and neck. He had vomited. There were handcuffs placed on his left wrist and medical intervention was still in place. There were cardiac patches placed on his chest and right leg and there were defibrillator pads on his chest and abdomen. There was an intravenous line place in his left arm. The bag value mask was lying in the dirt next to Vicente.

edications:

Home: Unknown

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AMR: Epinephrine

Social History: Per an unknown citizen informant, Vicente was on illicit drugs. It was unknown what illicit drugs Vicente may have taken.

Documentation:

At the scene I completed a gunshot residue kit (GSR) on both of Vincentes hands. The right hand GSR was completed at 1909 hours, and the left hand GSR was completed at 1910 hours. I bagged both hands with brown paper bags. I bagged the right hand at 1917 hours, and the left hand at 1918 hours. I affixed coroner's identification toe tag #10822 to his right great toe at 1949 hours. I collected blood on scene at 1956 hours, and placed it inside the body bag. The gunshot residue kit was released to the Riverside Police Department, Forensic Technician, McKay-Davis at 1956 hours. I sealed the body bag with seal #0747276 at 2000 hours.

I took ninety-two color digital photographs of the scene. Vicente had a knife in a pouch on his belt, a lighter in his right back pocket and a punch tool in his left back pocket. All items were left on him to be removed at autopsy. The Riverside Police Department collected his wallet and California Driver's License.

On 11/19/2014, at 1956 hours, fingerprints were taken and sent to CAL-ID for confirmation of identification. On 11/19/2014, at 2045 hours, positive identification was made to Martinez, Vicente Robert, with a date of irth of 03/26/1980, and California Driver License

Vicente Robert Martinez was ran through the Riverside County Sheriff's Data Warehouse. Data Warehouse showed Vicente used multiple aliases. The booking report showed Vicente had been arrested for multiple felonies. Vicente had served time in the California Institution for Men in Chino, California, serving one year and four months in the state prison.

For further information, please refer to the Riverside Police Department, file #P14175586.

Cause and Manner of Death Statement:

On 11/19/2014, Dr. Jennifer Park performed the autopsy of Vicente Martinez. See Deputy Coroner Cohen's supplemental report for cause and manner of death and Dr. Parks protocol for the results of the examination.

Toxicological studies were performed on samples recovered from Vicente Martinez. For further information regarding the toxicological findings, please refer to the laboratory report.

Report Prepared By: Donna Burns

Deputy Coroner, #N5788

Date: 12/02/2014

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River e County Sheriff - Coroner L

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Coroner Supplemental

04/24/2015

Supplemental Information

On 04/23/2015, Riverside County Sheriff-Coroner Stan Sniff conducted a Coroner Review in the matter of the death of Vicente Martinez. After the facts were presented, Sheriff-Coroner Sniff certified the death.

The cause of death was determined to be: Multiple Gunshot Wounds.

.et, #N4820 The mode of death has been determined to be: Shot during confrontation with law enforcement.

The manner of death has been classified as: Homicide.

Report prepared by: Katie Cohen

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